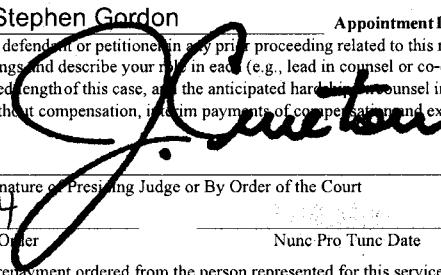


CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 02/12)

1. CIR./DIST./ DIV. CODE TXN4	2. PERSON REPRESENTED Jesus Gerardo Ledezma-Campano			VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 4:14-cr-151-Y (2)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) USA v. Ledezma-Campano		8. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Appellant		9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D4 Other (Specify) _____ <input checked="" type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency			
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:2261A Stalking							
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS George DeWayne Huston 100 East 15th Street, Suite 620 Fort Worth, TX 76102		12. COURT ORDER: <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel <input type="checkbox"/> Standby Counsel					
Telephone Number: (817) 924-2222		Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input checked="" type="checkbox"/> CO-COUNSEL Name of Co-Counsel: Stephen Gordon Appointment Date: 9/29/2014					
13. NAME AND MAILING ADDRESS OF COURT U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS FILED NOV - 4 2014 CLERK, U.S. DISTRICT COURT By _____		or Lead Counsel: Stephen Gordon Appointment Date: 9/29/2014 (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardships, counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.  Signature of Presiding Judge or By Order of the Court 11-7-14 Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO					
14. STAGE OF PROCEEDING		Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.					
CAPITAL PROSECUTION a. <input type="checkbox"/> Pre-Trial e. <input type="checkbox"/> Appeal b. <input type="checkbox"/> Trial f. <input type="checkbox"/> Petition for the U.S. Supreme Court c. <input type="checkbox"/> Sentencing g. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. Supreme Court d. <input type="checkbox"/> Other Post Trial h. <input type="checkbox"/> State Court Appearance l. <input type="checkbox"/> Stay of Execution o. <input type="checkbox"/> Other (Specify) Writ of Certiorari i. <input type="checkbox"/> Evidentiary Hearing m. <input type="checkbox"/> Appeal of Denial of Stay j. <input type="checkbox"/> Dispositive Motions n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. _____ p. <input type="checkbox"/> Clemency Supreme Court Regarding Denial of Stay		HABEAS CORPUS g. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. Supreme Court gg. <input type="checkbox"/> State Court Appearance l. <input type="checkbox"/> Stay of Execution h. <input type="checkbox"/> Evidentiary Hearing m. <input type="checkbox"/> Appeal of Denial of Stay i. <input type="checkbox"/> Dispositive Motions n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. j. <input type="checkbox"/> Appeal p. <input type="checkbox"/> Clemency Supreme Court Regarding Denial of Stay					
HOURS AND COMPENSATION CLAIMED						FOR COURT USE ONLY	
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	
a. In-Court Hearings (RATE PER HOUR = \$)			0.00			IN COURT TOTAL Category a	
b. Interviews and Conferences with Client						0.00	
c. Witness Interviews							
d. Consultation with Investigators & Experts							
e. Obtaining & Reviewing the Court Record							
f. Obtaining & Reviewing Documents and Evidence							
g. Consulting with Expert Counsel							
h. Legal Research and Writing							
i. Travel							
j. Other (Specify on additional sheets)							
TOTALS: Categories b thru j (RATE PER HOUR =)		0.00	0.00	0.00			
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)							
16. Travel Expenses (lodging, parking, meals, mileage, etc.)							
17. Other Expenses (other than expert, transcripts, etc.)							
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00		
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION			
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____		_____ <input type="checkbox"/> Supplemental Payment					
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.							
Signature of Attorney _____		Date _____					
APPROVED FOR PAYMENT						COURT USE ONLY	
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES		26. TOTAL AMT. APPROVED \$0.00		
27. SIGNATURE OF THE PRESIDING JUDGE			DATE		27a. JUDGE CODE		